

CHDP GATEWAY POST-VISIT FLYERS ORDER

Date	County	Contact person
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Ship to:

Address (number, street—no P.O. Box)	City	State	ZIP code
Authorized signature (if not sent via e-mail)	E-mail address		
Phone number ()	Fax number ()		

Type or print clearly the contact information you would like printed on the flyers. If left blank, no imprint will be made.

Name to be imprinted	Telephone number ()		
Address (number, street)	City	State	ZIP code

Language	Quantity
English/Spanish	

Submitting Your Order

Post-visit flyers are processed on the 15th day of every month and will arrive after the 20th of the following month.

Send your completed order form using one of the following methods:

U.S. Mail: Julie Linderman
California Department of Health Services
Children's Medical Services Branch
MS 8103
P.O. Box 997413
Sacramento, CA 95899-7413

Fax: 916-323-8104

E-mail: jlinderm@dhs.ca.gov

CMS USE ONLY

Gateway	Date DHS 54 sent	Control number
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